

SPECIAL PROCEDURES SUBMISSION

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FAX COVER SHEET

Date: March 19, 2004

Number of Pages: Cover sheet plus 7 page(s)

To: US Patent & Trademark Office
Your Reference: US Patent Application 09/870,023 for Branch et al.
Fax Number: (703) 872-9306

From: James B. Myers Jr.
Our Reference: 4002-2533

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WENMM/SB/17 (10-03)

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

Complete if Known

Application Number	09/870,023
Filing Date	May 30, 2001
First Named Inventor	Branch
Examiner Name	Philogene
Art Unit	3731
Attorney Docket No.	4002-2533

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 900.00

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number 23-3030

Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	
SUBTOTAL 1.					0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from Below	Fee Paid
	20**		
Independent Claims	3**		
Multiple Dependent Claims			

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Release independent claims over original patent	
1205	18	2205	9	** Release claims in excess of 20 and over original patent	
SUBTOTAL 2.					0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

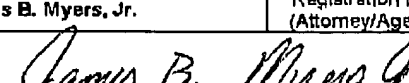
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2,520	2812	2,520	For filing a request for ex parte reexamination	
1804	920	2804	920	Requesting publication of SIR prior to Examiner action	
1805	1,840	2805	1,840	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	850	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or release)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	2460	130	Petitions to the Commissioner	130.00
1807	50	2807	50	Processing fee under 37 CFR 1.17(a)	
1806	180	2806	180	Submission of Information Disclosure Stmt	
8021	40	2821	40	Recording each patent assignment per property (times number of Properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.128(n))	
1810	770	2810	385	For each additional invention to be Examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	770.00
1802	900	2802	900	Request for expedited examination of a design application	

Other Fee (specify)

SUBTOTAL 3. (\$) 900.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	James B. Myers, Jr.	Registration No. (Attorney/Agent)	42,021	Telephone	(317) 634-3456
Signature				Date	March 19, 2004

COPY

WENMM/SB/17 (10-03)

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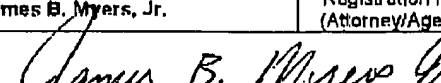
Total Claims	Extra Claims	Fee from Below	Fee Paid
20**	X		
3**	X		

Multiple Dependent Claims

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**or number previously paid, if granting For Reissues, see above

SUBMITTED BY

Name (Print/Type)	James B. Myers, Jr.	Registration No. (Attorney/Agent)	42,021	Telephone	(317) 634-3456
Signature				Date	March 18, 2004